



TRICARE HELP E-MAIL SERVICE (THEMS) NEWSLETTER

NOVEMBER 2003

Volume 2, Issue 11

TRICARE_help@amedd.army.mil

“Helping to Understand”



TRICARE Help E-Mail Newsletter

This newsletter is a publication of the TRICARE Help E-Mail Service, operated by the U.S. Army Medical Command in San Antonio, Texas.

THEMS

What is THEMs?

THEMS is a free e-mail service that provides timely responses to TRICARE questions. Clinical issues should be referred to your primary care provider. The e-mail address is:



TRICARE_help@amedd.army.mil. Click here to send your TRICARE questions, concerns, or comments.

Comparison Between TRICARE Prime and TRICARE Standard

Many beneficiaries ask how much they would pay for health care if they choose to disenroll from TRICARE Prime and use TRICARE Standard. This Newsletter will compare costs associated with several common scenarios.

Scenario # 1 – Active duty family member (ADFM) goes to a civilian primary care doctor. The sponsor is an E-5. Under the TRICARE Standard example, the \$150 Fiscal Year (FY) deductible has not been met. The doctor orders a chest X-Ray and lab work.

	If Prime Enrollee	If Standard Beneficiary
Office Visit billed \$75 Allowed Amt. \$48	Prime ADFM pays \$0	Standard ADFM pays \$48
Lab Tests billed \$25 Allowed Amt. \$19	Prime ADFM pays \$0	Standard ADFM pays \$19
Chest X-Ray billed \$40 Allowed Amt. \$26	Prime ADFM pays \$0	Standard ADFM pays \$26

In the above scenario, if the FY deductible had been met, the patient cost share would have been \$9.60 for the office visit, \$3.80 for the lab test, and \$5.20 for the chest x-ray.

Scenario # 2 – ADFM goes to a civilian emergency room with a broken arm. Both an emergency room physician and an orthopedic specialist treat patient. The patient also has a follow-up visit with the specialist. Under the TRICARE Standard example, the outpatient FY deductible has been satisfied.

	If Prime Enrollee	If Standard Beneficiary
ER billed \$500 Allowed Amt. \$400	Prime ADFM pays \$0	Standard ADFM pays \$80
ER Physician billed \$150 Allowed Amt. \$90	Prime ADFM pays \$0	Standard ADFM pays \$18
Orthopedic Specialist billed \$250. Allowed Amt. \$120	Prime ADFM pays \$0	Standard ADFM pays \$24
Orthopedic Specialist billed \$200 for follow-up visit. Allowed Amt. \$100	Prime ADFM pays \$0	Standard ADFM pays \$20

Scenario # 3 - ADFM is pregnant and living in a location where the MTF is unable to provide prenatal and delivery services. Because of this, all patients, including TRICARE Prime and TRICARE Standard patients, have their babies at a civilian hospital with delivery by a civilian obstetrician. Mother is in the hospital for 2 days to have her child.

	If Prime Enrollee	If Standard Beneficiary
Obstetrician bills \$2,000 for Prenatal care, delivery, and Postpartum care	Prime ADFM pays \$0	Standard ADFM pays \$0
Hospital bills \$2,000 for 2 day stay as inpatient	Prime ADFM pays \$0	Standard ADFM pays \$26.64
Anesthesiologist bills \$1,000	Prime ADFM pays \$0	Standard ADFM pays \$0
Lab bills \$500 for maternity related lab work	Prime ADFM pays \$0	Standard ADFM pays \$0

Scenario # 4 – ADFM with lower back pain goes to an orthopedic specialist without a referral from primary care manager. Specialist treats, then refers patient for three physical therapy sessions. The FY standard deductible has been met. Patient again fails to get an authorization for care. Prime Point of Service (POS) \$300 deductible has not been met.

	If Prime Enrollee	If Standard Beneficiary
Orthopedic specialist treats and evaluates and bills patient \$300. TRICARE allows \$200.	Prime ADFM pays \$200 (applied towards POS deductible)	Standard ADFM pays \$40
Physical therapy bills 3 visits at \$75 for each visit. TRICARE allowed amount is \$50 per visit.	Prime ADFM pays \$125 (\$100 towards remaining POS deductible and 50% cost share of remaining allowed amount)	Standard ADFM pays \$30

As long as referral and authorization rules are followed, the Prime-enrolled ADFM will pay nothing for health care. Without the proper authorization, claims are subject to a \$300 outpatient deductible and a 50 percent cost share. ADFMs using TRICARE Standard are subject to a \$150/\$300 individual/family FY deductible (\$50/\$100 for E-4 and below) and a 20 percent cost share for outpatient care. ADFMs using TRICARE Standard pay \$13.32 per day for inpatient care (\$25 minimum).

Retirees and their family members who are enrolled in Prime pay a \$12 co-pay for most properly referred outpatient care and \$11 per day (\$25 minimum) for inpatient care. The cost share for retirees and family members using TRICARE Standard for most outpatient care is 25 percent of the allowed amount. Retirees and family members under TRICARE Standard pay the lesser of \$441 per day or 25 percent of institutional inpatient charges, plus 25 percent of separately billed professional charges.

An additional issue to consider is the concept of "balanced billing." If a TRICARE Standard provider refuses to accept TRICARE--also called non-participating--the provider will often (balance) bill the patient an amount exceeding the TRICARE-allowed amount. To protect TRICARE beneficiaries from excessive charges, Congress has limited the amount you owe the provider to 115 percent of the TRICARE-allowed amount. For example, if a non-participating provider makes you pay \$150 at the time of service, TRICARE will send payment to the patient along with an explanation of benefits showing the allowed amount. If the allowed amount is \$100, the provider reimbursement is limited to 115 percent (\$115). The doctor would have to refund the \$85 you paid that exceeded the balanced billing amount (\$115).

There are hundreds of variables that can affect the processing of your claims. The consistency between the diagnosis and the treatment, the status (retiree or active duty) of the sponsor, and the status of the provider are just some of the many issues considered during the processing of a claim.

The Beneficiary Counseling and Assistance Coordinator (BCAC) at each military treatment facility, TRICARE Service Center personnel, or the TRICARE Help E-Mail Service (THEMS) are all available to help you understand your claims and how the selection of various options may affect your out-of-pocket costs. To contact THEMS, send an E-mail to:

TRICARE_Help@amedd.army.mil. Here is a link to help you contact the nearest BCAC:

<http://www.tricare.osd.mil/bcacdirectory.cfm>